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ABSTRACT

Reported in this document are proceedings of a forum on the relationships between the child and the family. Held March 1981 in Melbourne, Australia, the forum was jointly sponsored by the Institute of Family Studies and the Victorian Child Development and Family Services Council (CDFSC). Specifically, the purpose of the forum was to enable participants to discuss current and future research needs and to look at what is being done in the research within the seminar topic. Following a brief introductory overview of the forum's objectives and a description of the CDFSC's role and functions, the document presents the eight papers given in the forum. Titles of the papers are "Research on the Child's Experience of Family Life," "Children's Rights in Victoria," "Research and Evaluation in the Office of Child Care," "Research and Advocacy for Children," "Ethnic Group Children," "Research into Child Maltreatment," "Children's Conceptualisation of Development," and "Children, Families and Physical Disability: A Research Review." (Author/MP)

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FORUM — CHILDREN AND FAMILIES

Report of
Proceedings

Edited by Gay Ochiltree

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Institute of Family Studies
Victorian Child Development and
Family Services Council

Forum — Children and Families

A report of proceedings of a seminar held in March 1981, jointly sponsored by the Institute of Family Studies and the Victorian Child Development and Family Services Council.
Edited by Gay Ochiltree

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Introduction

Arthur Gardner*

This Forum is jointly sponsored by the Child Development and Family Services Council and the Institute of Family Studies. The initiative to hold the Forum was taken by the Institute of Family Studies. The purpose of the Forum is to enable us to discuss current and future research needs and to look at what is being done in the research area within the topic of the Forum, which is the relationships between the child and the family. What we propose to do is to identify what research is being done and to find out the gaps.

The Child Development and Family Services Council is a new body that has been set up under the Victorian Community Welfare Services Act. It was established in September 1980. It is a large group, 28 members, representing a wide spectrum of experience and expertise. It has members from Commonwealth, State and Local Government administration, voluntary agencies, welfare recipient groups and also from people with special knowledge and expertise in different areas.

The Child Development and Family Services title indicates the subject matter with which the Council is concerned. The Council is responsible to the Minister for Community Welfare Services, and the Minister responsible for the administration of the Health Commission of Victoria in relation to early childhood development. Until quite recently, that was the Assistant Minister of Health. Now that Assistant Minister positions have been removed from the structure of Cabinet, the relevant Minister is the Minister of Health. So the two Ministers that the Council reports to are the Honourable Walter Jona, Minister for Community Welfare Services and the Honourable William Borthwick, Minister of Health.

The Council's functions are quite wide. It is an advisory council only and its function is to advise the Government through the Ministers.

The Council is required to advise the Ministers on policy and programs relating to community, family, youth and child care and development matters referred to it by any of the Ministers. Subject to the approval of any of the Ministers, the Council is to initiate or carry out investigations on these matters and make recommendations thereon. The Council may receive information from Commonwealth, State, municipal and voluntary bodies and community groups. Subject to the approval of the Ministers the Council is to initiate seminars, public discussions and discussion documents and, at the request of any of the Ministers, is required to set up working parties, sub-committees and task forces in relation to matters referred to it.

The Council replaced two existing bodies, the Family Welfare Advisory Council and the Standing Committee on Pre-School Child Development. Its membership and functions are different from, and wider than, these bodies. The Council will need to, and is, conducting its work through sub-committees, and is currently undertaking work on a number of child care and family matters including income security, the role of the family, and the implementation of the Norgard report on child care services. The Minister has announced that he is going to refer to the Council child maltreatment, child rights and family and child legislation. These matters have not yet been referred for advice but the intention is that they will be.

It is apparent that the Council is going to be very much concerned with input from people who are conducting research in child development and family welfare. The Council will be conducting some research itself, but it will need to rely on the research efforts of a number of other people. The value it will get out of this Forum is to ascertain what research is being done, what is about to be done and what needs to be done.

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* Mr. Gardner is the Chairman of the Child Development and Family Services Council of Victoria.

Research on the Child's Experience of Family Life

Don Edgar*

The initial purpose of this Forum was for the Institute to collect ideas for planning one of our major studies on children and families.

The Institute is operating on the basis of mounting two major studies each year. We run Design Seminars with selected groups of experts in particular areas to sort out the main gaps in available research. In 1980 we ran Design Seminars restricted to about fifteen people in a workshop situation. This year, we are running them in somewhat different fashion. Two studies for 1980-81 are underway currently. The first is a study of 3000 people between the ages of 18 to 35. Its focus is on family formation, to develop a base line of information on what young people think about marriage, about having a family. The plan is to follow the sample through longitudinally over a large number of years to see just what happens in actuality compared to what their aspirations are or might be. The second main study focuses on divorce and its impact, particularly its impact on young children and on adolescents.

The two studies for 1981-82 on the 7 Year Research Plan are called 'Children in Families' and 'Family Support Networks'. The purpose of the first essentially is to look at the child's view of family life. We felt that much of the research on children has been done from the 'top down', seldom from the child's viewpoint 'up'. We know that the family affects children differently, parents have different approaches, different attitudes to childrearing. But we know very little about how children themselves, as active human beings, perceive that process or about how children actively influence their parents' behaviour. Our aim in that study is to try to redress some of the balance between what I would describe as a passive socialisation model by looking at the child as an active participant in his or her own life creation.

The second study on 'Family Support Networks' is aimed at trying to build up a picture of the extent to which families in Australia currently do support their family members. Given the current governmental push to reduce social welfare services and thrust such functions back on families, it seems most urgent that we describe the burden the family actually carries now. It is important to specify more clearly which families have support from other family members and which families do not. Families in rapid growth centres, for example, may be family-less as they leave relatives behind in the search for jobs, whereas other families in other areas may in fact be drawing on and contributing to a vast network of family support processes.

It seems to me that the family has always been and will always continue to be the most crucial experience that any person goes through. There is no denying that the family is what I call the 'crucible of competence'. Childhood is that time in which life skills, life values, life attitudes are forged and I use the phrase advisedly because I think the experience of family life is rather like a crucible. The ingredients interact and bubble over into the rest of later life. What comes out in the end is by no means a passive product; it is an active being that continues to form new families, continues to act *on* the society, not just *in* it.

One of the central themes of my own research in the past and one of the central themes of the Institute's current work, is that of the development of 'competence'. I mean by competence not simply the skills, the equipment that one needs to act effectively in the world; I mean the sense of self-confidence, that sense of effectiveness that is so important if people are to be prepared as adequate adults in a society based on power. It seems to me that a democracy, in fact any society, depends on the quality of young people, the quality of every individual insofar as they can control, interpret, understand and manipulate their own environment. So I am talking about competence in that sense — the ability to understand, to trust, to predict the future and thus to be able to control (on the basis of that relative competence) their own behaviour and the behaviour of those around them. We know of course that families socialise their children and there are clearly both benign and vicious circles of socialisation. Where they experience wealth, success, continuing growth in the capacity to handle the environment, each new success builds into a benign circle of socialisation that makes life pretty good. There are also vicious circles of socialisation which mean that some children are not given access to the meanings by which they can control their own environment. They don't have access to money, to skills, to essential abilities; they don't have access to parents who understand the process; they don't have access to teachers who understand the difficulties from which they suffer; they don't have access to the society's political know-how.

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* Dr. Don Edgar is the Director of the Institute of Family Studies.

So we want to look very carefully at what those benign and vicious circles of socialisation are. At the same time I certainly do not assume that children are totally ignorant of how their families behave. The child, as I said, is not passive; in fact the child is amazingly resilient. Children through the ages have suffered all sorts of slings and arrows and survived. The history of childhood tells a sorry tale of misunderstanding, neglect, misuse and abuse. But we need to know what it is that enables young people to survive through trauma, through divorce, through child abuse, through denial of rights, through a poor schooling and yet turn out to be reasonably capable and competent adults.

The child from the moment it is born affects the parents, yet we know very little about how because so much of child research is done, as I said, from the 'top down'. How does the child, boy or girl, influence the behaviour of the parents? Just the element of sex influences parental reactions to the child. The activity that the child displays, the child who smiles and gurgles, may cause a reaction in parents that builds into that constant circle of socialisation. We need to know how the child affects the parents' self-view? How does the child who is handicapped affect the parents' self-image. How does the child who is very bright, compared with the intellectually retarded, affect the parents' view of themselves? How does the child influence the way of life of parents? We know from current research that the birth of the first child is one of the major contributing factors to divorce. It is not as simple as that of course, but we do need to explore why children disrupt so many marital relationships. Role changes, increased work, an alteration to the relationship between husband and wife, the increased economic burden the children provide, all of those factors are built into it. A romantic image of childhood just will not suffice.

Some of the most interesting research going on in Australia at present, is historical research on the view people who are now old have of their childhood. The romantic view, if you really start talking to old people, often doesn't hold up. My parents grew up before the depression and during the depression, struggled to support a massive family in isolation from the family networks back in Scotland. It was not an easy childhood, obviously influenced by that fact and by the death of my father when I was aged ten. Romantic notions of childhood must be looked at closely and we must ask ourselves how it is that life experience alters the life-view, the capacities, the coping with failure of our future adults.

We need the child's view as it varies across different family types, and we need that view because it will provide a variety of practical spin-offs to inform policy decisions. I remember one meeting where a woman got up and said 'What on earth do you want to know about children for? Children can't tell you anything. You are supposed to be looking at policies, you are supposed to be looking at social welfare services'. Unlike her, I believe we need to look very closely at children's views of the family. Precisely because they are victims to some extent, because their rights are not recognised in this society and because they lack the power and capacity to influence those who hold the purse-strings. We need very much to know what their view of things is. If we knew, for example, how the children see the school scene perhaps we might have better schools. People involved with children who are experiencing difficulties in school or experiencing physical difficulties, intellectual difficulties, need their ideas clarified so that they can design treatments or methods of handling those difficulties much more precisely than if they simply build from theory down and from the adult viewpoint down. The planners of facilities and services for children need to have some idea of the child's view. Local Councils rarely ask children where they want the playgrounds, what sort of playgrounds they want, what sort of bicycle paths might help instead of roads. There are so many myths and beliefs about families and about what is good for children that we require a very careful examination of the whole process.

We need a better picture in order to avoid the pathological view that comes from researchers and theorists who work with the extremes. So much of the research in the family area seems to be barren of theoretical and practical significance simply because the research is too often done on populations of pathological groups, pathological problems from which one tries to generalise. We don't really know how different is the family life, the family experience of a child undergoing abuse compared with a child from a so-called 'normal' family. We don't even know how often parents belt their kids over the ears. We really don't know what goes on. We don't know how much communication there is inside a family. We don't know how that communication is influenced by the parents' work, by both parents going to work, by the television set, by anything virtually. We have no conception of that sort of thing because we have done little research on the wider population. The Judges and Counsellors of the Family Court too, need to know much more about everyday family life. How is conflict handled? What happens when custody and access decisions are made? How does the child view that? Very little attention has been given in the past to the child's desires because we have somewhat arbitrary definitions of childhood and adults.

Let me finish just by mentioning a couple of research projects that I have come across in the United States recently on child-care and the experience of children in child-care. Margaret Weiser's work has compared what the parents, particularly the mothers, hope will be the case in child-care situations compared to what the actual reality is. Perhaps not surprisingly, there is a great deal of discrepancy between what parents think they are getting for their children in child-care situations and what is actually happening. Another piece of research that I think is very important is being conducted by Nicholas Zill of Child Trends Incorporated in Washington. It's a large national study of children's major concerns. What do they worry about? How does family life affect them, particularly family disruption, movement from one town to another, losing their peer groups, changing schools, and so on. Zill's findings suggest that children are more worried in the United States by family affairs than are children in France and Japan. There appear to be clusters of parental love and neglect, and strong socio-economic differences in the child's experience of family life. Zill found that questions on citizenship were a better indicator of the child's sense of competence than were vocabulary tests, because questions on citizenship contain a mix of cognitive and socialisation effects. So the child's experience of growing-up to a point where he or she can understand the environment, can manipulate the environment, has some sense of control over the environment vary widely as a result of their access to parental, family and school resources. My own research on adolescents in Australia suggests that there is a vast gap in the level of attention fathers give to children, especially to girls. Young people growing up need some sort of limits. They need somebody to challenge thought, somebody they can test themselves against. If the father is not there or not communicating, they have only the mother who provides the model for behaviour. Adolescents who experience this gap, express not only regret but also show all sorts of socialisation effects in terms of lower self-confidence, lower sense of power, lower levels of aspiration and expectation, which carry over into their adult life.

Such brief examples are just an indication of the things we might discover if we focussed on children in families.

Children's Rights in Victoria

Terry Carney*

If it was intended that these remarks should be directed at the provision of an overview of the present position in Victoria, then the allocated time of fifteen minutes is both too long and too brief — too long to make the point that children's rights are in a parlous state and that few, if any, advances have been made over the last decade; but too short to sketch even the barest details of the (long overdue) reform agenda.

But surely the speaker is overstating his point? After all, there has been a flurry of local enquiries, white papers and so on during the last 10 years. Surely advances must have been made in the recognition and protection of the rights of the child? Not so. And, if I might be so immodest as to say so, there are few people better placed to form that judgement. For I have been actively involved in virtually all those investigations. They are worth listing: a member of the Chief Justices Law Reform Committee leading up to the 1973 Children's Court Act (1973); consultant to the Norgard Enquiry into Child Care Services (1975) and Victorian Committee of Mental Retardation (1977); co-author of *Child Maltreatment Workshop Report* (1976); Member Central Implementation Committee for Norgard Report (including sub-committee on short-term amendments — read Community Welfare Services Act 1978); convenor of Family Welfare Advisory Council sub-committee to draft submission to Attorney-General's committee on Children's Court Act; Member of FWAS for almost 10 years; Victorian consultant to Australian Law Reform Commission reference on child welfare; co-author of Victorian International Year Child Committee proposal (the only recommendation made) for a Children's Bureau; plus assorted task forces, etc. of Victorian Council of Social Service (VCOSS). And what has been achieved as a result of the innumerable hours of work invested in these activities? At the State level virtually nothing — a few minor legislative reforms (and those still unproclaimed) and administrative improvements.

Perhaps my present commitment as a member of the Ministry for Health's Working Party to draft legislation to protect and advance the rights of disabled people (especially the intellectually handicapped) will bear fruit. If so, it will only justify the old adage of 'third time lucky' for neither the work for the 'Premier's Committee' nor the work put in to the relevant 'task force' of the Council for Special Education in 1977-8 achieved anything. So why the ground for optimism in respect of this latest exercise? And more importantly what is the lesson to be drawn from this litany of failure? The answer to both questions is straightforward. Reform efforts have failed in the past because of lack of political (and bureaucratic) will.

Neither the Ministers nor the senior administrators concerned have been sufficiently (or at all) committed to bringing about change. In the absence of that commitment from the individuals who have their hands on the levers of power, the whole exercise degenerates into a (time consuming) charade. And a dangerous charade at that; for it lulls the community into the mistaken belief that something is being (or soon will be) done to bring about reform. As I say, only time will tell whether that political and bureaucratic will can be found to sustain the moves for reforms to enhance the rights of the disabled.

There is another reason for the long series of 'still-born' reform measures in Victoria. Not only has there been an absence of political will on the part of responsible Ministers (and their Departmental advisers) but there has been total naivete as to the machinery and the processes which must be established to devise workable reform measures. When government relies on closed inter-departmental committees (as is the case with the present Attorney-General's Children's Court Act review) or committees of 'spare time law reformers' (*universally* the case in my experience), or fails to provide either adequate time for investigation, or necessary resources (research staff and consultation procedures), and when enquiries are distanced from the centres of power (whether by denial of drafting assistance, lack of co-operation by bureaucrats, or by endless 'committees on committees') — then failure is inevitable. Law reform is a *costly*, time-consuming and complex business.

It cannot be undertaken on the basis that a few casual telephone calls to Monash or Melbourne Law Schools will magically produce the solutions. Law reform in our sophisticated modern society cannot be conducted on a scale similar to that appropriate for planning and implementing a school social. No significant reforms, and no substantial improvements in the 'rights' of Victorian children can be expected to occur until we get politicians and senior administrators with a genuine zest for reform, and law reform machinery akin to that of the Australian Law Reform Commission.

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* Dr. Terry Carney is Senior Lecturer in Law at Monash University.

Does it matter that Victoria has proved to be rather inept at the business of law reform? The short answer to this question is 'yes'. The reason for such a categorical answer is twofold. First, there is now a mass of published material which chronicles the deficiencies of Victorian law in failing to adequately recognise or protect the rights of children.[1] Secondly, attention must be directed to the substance of any and all debates about the position of children with respect to the legal and administrative structures of society.

That debate ultimately boils down to the striking of a point of reconciliation between three conflicting value positions. These are the proponents of the 'right' of the child to self-determination (or 'children's rights'); the advocates of the view that the family unit should be accorded autonomy of action and privacy (to preserve cultural and social pluralism and minority values) and, finally, the proponents of State intervention as surrogate family (to promote the 'best interests' of the child or prevent delinquency or neglect). The law plays a central role in distributing power between these three 'institutions' of the child, the family and the state.[2] That distribution of power is the central issue which underlies any and all reforms of child welfare law or administration. This is not the venue to further debate this central question. But in conclusion, I would want to make two points. First, to note that the distribution of power between the family, the child and the State touches on profound and fundamental questions of moral and political philosophy; it therefore behoves us to address such questions openly, expertly and thoroughly. Finally, I should make the point that the issue cannot be side-stepped. Put very simply, the liberties, freedoms and interests of the child may be infringed *de facto* by the family (when the State abdicates its responsibilities) or *de jure* by the State (when the State over zealously intervenes).

Although these philosophic problems should not be underestimated, they cannot excuse the inaction of the past decade or more! The combination of political commitment to reform, adequate law reform machinery and a sensible period for enquiry and report (around 18-24 months) is all that is required to produce workable solutions. All law reform is a complex business. The task of protecting the rights of children is not significantly more complex than other areas of social policy. There is no excuse for the inaction of the past, and no reason to brook further delay. The *status quo* already embodies a reconciliation between the competing interest of the State, the parent and the child. That balance is widely accepted to be inappropriate to modern conditions; it should be readjusted. In short, we have *wrong* policies in place on these fundamental questions of legal and political values. It is therefore morally indefensible to justify a policy of past or future inaction. Precipitous action would be unwise (or naive) in the circumstances. But inaction is immeasurably worse. I will leave you with a plea for an immediate start to be made on the production of a properly researched, and widely debated set of reform measures. The time for lazy, *ad hoc* solutions has passed.

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1 See for example: *Report of the Enquiry into Child Care Services* (1976) Vic. Gov. Pr.; *Report of the Child Maltreatment Workshop* (1976) Vic. Gov. Pr.; Carney, T., 'All Responsibility and No Care' (1976) 1 *Australian Child and Family Welfare* 23; 'Victorian Child Welfare Law: Problems and Prospects' (in *The Citizen and the Law* (1977) Faculty of Law & Melb. Family Care); 'Children's Rights: a Personal View' (1978) 35 *The Educational Magazine* 20.

2 Carney, T., 'Children and their Rights in a Changing Society: whose responsbility' *Proceedings of OMEP Seminar on the Realities of the Declaration of the Rights of the Child* (1978) 26.

Research and Evaluation in the Office of Child Care

Marie Coleman*

The introduction of the 1972 *Child Care Act* with provisions to stimulate research into community needs for the care of children and the delivery of services for children, enacted the Commonwealth Government's intention to ensure an ongoing commitment to the evaluation of services funded under the Act. To implement this commitment to research and evaluation, the Government established the advisory Committee on Child Care Research in 1973 and proceeded to make grants available for studies in day care (see Appendix).

In 1976 the Government established the Office of Child Care to administer the Children's Services Program. The Office assumed the functions of the former Advisory Committee of the Interim Committee for the Children's Commission. The emphasis of the Commonwealth is primarily on activity which supplements that of the States and which acts to stimulate innovative thinking by agencies concerned with services for children. The Commonwealth does not see itself as the sole or primary source of funds for such services.

In line with the general Government concern for public accountability in a fiscal sense, the Office of Child Care also pursues an active evaluation program of projects funded under the Children's Services Program to determine their effectiveness and to provide future policy and planning guidelines. The collection of data on the Children's Services Program is carried out by ways of:

1 Project monitoring;
2 Project reviews;
3 Contracted research and evaluation studies;
4 Component program evaluation;
5 Statistical collections.

Project Monitoring

Under the Children's Services Program all individual projects approved by the Minister are continuously monitored through the Central Office of Child Care and the Child Care Sections of the State offices of the Department of Social Security. This process is carried out by the following means:

- quarterly financial reports are submitted by each organisation and ongoing payment of recurrent grants is subject to satisfactory reporting. For Family Day Care Schemes and child care centres such reports include details of attendance patterns to enable regular assessment of the adequacy of services in meeting the community demand for child care;
- an annual inspection of a sample of services is undertaken by the Child Care Sections of State Departments of Social Security whose officers visit the services to assess the operations and to inspect records;
- submission of annual audited financial statements. All funded services are required as a condition of grant to submit an annual statement of income and expenditure prepared by an independent auditor. Such statements are used to assess the efficiency of each service and may lead to inspections of some services to confirm the accuracy of statements.

Project Review

A detailed review of individual services is undertaken with those services approved by the Minister for limited periods and with services which may require an expansion of capacity. Such services are assessed within the framework of the relevant component program Scheme and compared with the performance of similar services. Reviews follow a standard format comprising the following elements:

- assessment of performance and implementation against project and program objectives;
- cost effectiveness of the service by means of usage, need, resource material, operations costs, community interaction and general effectiveness;
- competence of the sponsoring organisation;
- assessment of performance with regard to target population, location and interaction with other services in the area;
- future of the service in forms of effectiveness, general usefulness and part in the general welfare network.

Contracted Research and Evaluation Studies

The Office of Child Care provides funds under the Children's Services Program to individual agencies to undertake new demonstration projects in areas relevant to children's services and as a condition of grant expects an evaluation of these projects to be undertaken. The Office also commissions research projects to undertake broader views of services to children and families, likewise the Office has provided funds for small scale evaluation studies of ongoing services which are considered relevant to the Children's Services Program.

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* Marie Coleman is the Director of the Office of Child Care, Canberra.

In another area of research, funds have been provided for exploratory surveys, and also workshops with acknowledged experts in children's services. A brief summary of funded research/evaluation projects follows.

Demonstration Projects

A grant was given to Future Lobby late in 1979 to undertake an experimental community development project involving families with young children in Penrith NSW. This project will run for three years and will attempt to bring about an improved awareness of community resources and strengthen social networks in the new suburban land development area of St Clair. A condition of this grant is an ongoing monitoring and evaluation of the attempt to facilitate community development and current recording methods in use involve daily time sheets on particular tasks, files on issues relating to set projects providing a chronological overview and a typed narrative account of the activities of each community worker.

Another similar grant was approved in mid 1979 to the Conference of Major Superiors of Women's Religious Institutes to undertake a three year neighbourhood development project at Shalvey in the Mt Druitt area of NSW. This project is an exercise in community development which will produce an increase in self-awareness and responsibility for decisions affecting the community. An evaluator has been employed by the project to undertake a formative evaluation of the Service with data being collected from residents regarding their needs and knowledge of the project, and with the staff on the allocation of time and with a descriptive analysis of the range of ongoing activities of the project. It has been noted that the presence of the evaluator has tended to act as a catalyst to the clarification of goals and objectives and methods of operation.

Another demonstration project was commenced in 1980 by the Salesian Order at Boys' Town, Engadine, NSW with a research grant from the Office of Child Care. The aims of this project are to establish and maintain, a closer link between the boys in residential care at Boys' Town and their families and to develop a network of contacts between parents and service agencies which can offer assistance to the family. During the twelve month period of the project an ongoing monitoring and evaluation exercise will collect data from boys and families to determine the effectiveness of the intervention by a social worker employed for the project.

Since 1939 the Commonwealth Government has supported the activities of the Lady Gowrie Child Centres in each of the capital cities and in 1976 new terms of reference were approved for the six Centres and financial support for those activities not concerned directly with pre-school activities were derived from the Children's Services Program. Basically the Lady Gowrie Centres are demonstration projects acting as resource and advisory centres for agencies concerned with the provision of services for young pre school age children. As a condition of grant the Centres are required to carry out research and evaluation of the programs operating in each Centre and to publish the results. In total, the Centres provide a diverse range of services although each Centre tends to specialise in certain areas, for example, the Sydney Centre concentrates on a multicultural child care program; Melbourne on inservice training of child care workers; Brisbane specialises in a family resource program with an emphasis on parenting skills; in Adelaide the Centre has developed an advisory program for parents and children in special need; Perth has implemented an extensive child care and family support program for the local community and Hobart is concerned with a family resource program for children at risk of abuse. In all these Centres research and evaluation activities of varying degrees of sophistication are now being carried out. Brisbane has just completed a study of pro-social behaviour of two year old children; Adelaide has conducted a study of patterns of interaction among new children at the centre; Hobart is undertaking a study of migrant children in their first year of school and also a study of attitudes of four year olds to adult discipline and the control of aggression; Melbourne is undertaking an evaluation of its child care resource program and has started a study of employment and motherhood in parents of young children and the Perth Centre is developing an early childhood social skills record which will attempt to record the progress of children in social skills relating to assertion, independence, participation, separation, sharing, anger and frustration.

Review of Services for Children

In late 1978 a grant was awarded to the Centre for Resources and Environment Studies, ANU, for a three year project to examine the life styles of Aboriginal families and children in two homeland areas of Northern and Central Australia with the intention of determining the extent to which current Commonwealth Government programs and services might need to be modified to meet the requirements of Aboriginal society, particularly those affecting the welfare of young children. Findings to date reveal a lack of knowledge in Government agencies of Aboriginal life styles and aspirations.

The Schonell Educational Research Centre at the University of Queensland is currently bringing to publication a national review of early intervention programs for young handicapped children. This grant was approved as a contribution to the International Year of the Child in 1979. The review has involved some 200 intervention programs mainly of an educational and sensori-motor nature concerned with developmentally disabled children up to four years of age. Part of the grant required a report on toy libraries for handicapped children which was completed around Australia by means of questionnaires and some on-site visits. Another component of the grant is a laboratory study of disabled children and parents (particularly children with Down's Syndrome, cerebral palsy, spina bifida and cleft palate). The results of the laboratory study are to be related to the observations of the early intervention programs under review.

Small Scale Evaluation Studies

The Shire of Sherbrooke, Vic. is undertaking a demonstration project in Family Day Care involving the provision of a network of coordinated support services for all private child minders in the Shire to achieve the highest standards of care for all minded children. The Office of Child Care has provided funds for the evaluation of the project to determine the effectiveness of this approach to maintaining the quality of home based child care.

Another project completed at the end of 1979 was carried out by the Melbourne City Council. It involved a comparative evaluation of three day care schemes in the Melbourne City area. The schemes involved in this study were the Wimble Street Child Care Cooperative in Parkville, the Melbourne City Council Children's Centre in Carlton and the Family Day Care Scheme in Flemington. The method of data collection was through paricipant observation and documentation of the activities of the three Schemes over the duration of the six month study. Perhaps the most significant recommendation contained in the final report referred to the need for the appointment in the Melbourne City Council of a coordinator to undertake the task of linking not only the three services in this study but all the child care services in the region to ensure adequate liaison and referral networks.

An earlier evaluation of a family centre was also carried out by the Melbourne City Council in 1978 with a grant from the Office of Child Care and referred to a study of Arnion House in North Melbourne. This project provides a service to mothers and children at risk of abuse by counselling, parent education classes, housekeeping, playgroup activities for deprived children and full day care for children. The evaluation was carried out by using informal and structured interviews and discussions with service providers and users to determine the extent to which objectives are being met and the extent to which the service is replicable.

The Schonell Educational Research Centre is also undertaking a monitoring/evaluation study of an early education intervention program for handicapped children being run by the Queensland Department of Education. A grant for this evaluation was approved in March 1979 for a two year study of four pilot early intervention programs attached to pre-schools in the Brisbane city area. Data on sensori-motor and psychological performance has been collected as well as parent and teacher perceptions of the development of young handicapped children involved in the early intervention programs. A more detailed examination of each child's functioning in the home environment is planned through home visits by the Schonell research staff.

Exploratory Surveys

In 1979 a grant was awarded to the Children's Bureau of Australia to assist in completing a national survey of non-government children's homes, including homes for intellectually and physically disabled children and foster care agencies. The Survey will identify trends in admission of children into voluntary children's homes and also a profile of the organisational and caring characteristics of the homes. The Survey has involved some 260 homes and 5700 children. A report is expected in 1981.

An exploratory Study of parenting has been in operation since 1979 by the Women's Action Alliance in Melbourne. This grant under the Children's Services Program is designed to investigate parental perceptions of their role and responsibilities. A survey of 90 parents has been carried out in Moorabbin, Vic. and data has been collected by way of an interview and a seven-day diary on time parents spent with children and the nature of the child oriented activities. A final report is expected by mid 1981.

Workshops

At the end of 1979 a research grant was awarded to the Australian Institute of Criminology to arrange a workshop on violence in the family including child abuse. The Institute invited some 21 speakers to deliver papers on topics such as parental authority, recent developments in child abuse, spouse beating, child rape, sibling agression, marital murder, rape in marriage, law reform and the work of agencies concerned with crisis intervention. There were in total around 60 participants in the workshop including lawyers, social

workers, sociologists, refuge and crisis centre workers, academics, law enforcement officers and departmental representatives of State and Commonwealth governments. A report was published by the Institute in 1980.

A research grant under the Children's Services Program enabled the Australian Federation of Family Planning Associations to undertake a series of workshops at the end of 1980 at which disabled people met to discuss the problems associated with parenting and human relationships by the disabled. Preliminary reporting from the workshops indicates that there is a need for access to family planning and sexual counselling services and the establishment of support groups from among disabled parents to share their child raising experiences. There also needs to be established a more effective information network among the disabled on their sexual rights and obligations.

Component Program Evaluation

The Office of Child Care is currently involved in the evaluation of three major schemes in the Children's Services Program, namely the Family Support Services, Youth Services and Family Day Care Schemes.

Family Support Services Scheme

This scheme funds a number of services aimed at supporting and strengthening families, particularly during periods of crisis. Funds for this three year pilot scheme are administered in each State through relevant State Government departments and on a direct basis in the ACT.

The type of services eligible for assistance include housing referral, emergency family accommodation, home-maker services, financial counselling, family and child counselling, comprehensive family life education, single parent support, telephone reassurance and counselling, resettlement support.

The evaluation of the Family Support Services Scheme is currently being undertaken by evaluators in each State from funds approved for the Scheme. Commonwealth/State Management Committees are responsible for directing the evaluators in monitoring all projects to collect statistics on the organisation services provided and the extent of co-ordinated planning and outcome of project/service intervention. The Management committees are also responsible for the compiling of progress and final reports based on the evaluation of the Scheme in their State and for forwarding such reports to the Office of Child Care which has the task of processing the State evaluation reports into a national evaluation of the Scheme in mid 1982.

The Office of Child Care has been working closely with the evaluators to develop a tool for data collection which can be used by both evaluator and service as a means of self-administered assessment. This procedure is in the final stages of development and should be in use in the near future.

Youth Services Scheme

In recognising the problems confronting youth, the Children's Services Program has allocated funds for a three year pilot Youth Services Scheme to provide emergency accommodation for young people up to 18 years of age. This Scheme which commenced in mid 1979 is a cost-shared exercise with the State Governments.

The evaluation of the Scheme is under the joint responsibility of a National Committee comprising officers from the Office of Child Care, Department of Community Welfare Service, Victoria, Department of Youth and Community Services, NSW and the Commonwealth Department of Employment and Youth Affairs. The other States are 'ex-officio' members of the committee. The purpose of the evaluation will be to collect information from services providing emergency accommodation regarding the background characteristics of the users, the facilities available, administration, impact, attitudes and possible causes of demand. The evaluation exercise commenced late in 1980 and will run for an eighteen month period at three levels:

1 a national collection and assessment of data on clients and agencies providing emergency accommodation for youth. The compilation and processing of the six-monthly collections will be undertaken by the Office of Child Care from self-administered questionnaires.

2 State level collections initiated by the relevant State departments to examine possible problem areas indicated by the national collection and which may involve further study of Service impact, referral patterns, staff/client perspectives and unemployment among youth refuge clients.

3 small scale studies on single agencies at the initiative of one or more agencies to look into such areas as causes of homelessness among their clients, family profiles, young homeless women, client attitudes toward family, home, school.

One percent of funds allocated to the Scheme by both Commonwealth and State Governments is available mainly to support level 2 type studies since the administrative and

processing costs of the national level 1 collection is being met by relevant State and Commonwealth resources. It is expected that the final evaluation report on the Youth Services Scheme will be completed by mid 1982.

Family Day Care Scheme

The objectives of the Family Day Care Scheme are to provide a flexible system of home based child care in a family environment and to also encourage community participation. This Scheme, started in 1974, was intended to provide an alternative to centre based child care and informal child minding arrangements. Features of the Scheme include intimate home-based care for young children, services of a coordinator who gives support and advice to care givers and parents, and flexibility in the hours and type of care.

It was decided in 1978 to undertake an evaluation of the Family Day Care Scheme by way of data collection from the existing services. Information was to be sought on the need for the service, its structure and delivery, administration, attitudes of staff, caregivers, parents and the community and collected by a number of surveys including:

- an administration and statistical survey of every Family Day Care service;
- an evaluation scoring system of the operational effectiveness of the service;
- a consumer satisfaction survey;
- a caregiver satisfaction survey; a staff (coordinator) satisfaction survey.

Pilot testing of these collection tools is planned in the near future and will be supplemented, by data becoming available from the 1980 National Data Base Collection.

Statistical Collections

The National Data Base Collection

The Office of Child Care has a major commitment to the joint Commonwealth/State Collection of statistics on child care and pre-school services throughout Australia. The first National Data Base Collection was conducted in October 1980 in all States and Territories except Queensland where only Family Day Care services were involved. Data from the Collection is currently being transferred to the Australian Bureau of Statistics for compilation and tabulation and a public document will be available from the ABS later this year.

The 1980 Collection has gathered information from all preschools and licensed/registered/supervised child care services, centre based and family based, involving regular full or part time care and before and after school care. Occasional care (i.e. non-regular) and emergency care services were also included. Data on general service information (involving fees, hours of operation, staffing) and child attendance registers (including children with special development needs) form the basis of the Collection.

Planning for the 1981 National Data Base Collection is already underwayand will incorporate a number of modifications arising from the 1980 Collection experience.

The Office of Child Care Census

In April 1979 the Office of Child Care conducted a census of all services funded under the Children's Services Program (excluding pre-school, vacation care and Family Support Scheme projects). The data collected in this census has been used to update a central register of projects and for project monitoring. It is intended to also use this census as a baseline source of information in demographic analysis of service need and delivery. The census has been discontinued since it has largely been superseded by the National Data Base Collection.

The following information results have been compiled from a sample of returns from the Office of Child Care census. In total some 108 returns from day care services were analysed (30 Family Day Care Schemes and 78 Day Care Centres). The data represents the patterns of attendance during the reference week in April 1979 and is considered representative of the normal patterns throughout the year. Table 1 is summary of attendance and duration of Family Day Care Schemes and Day Care Centres in the sample. It was observed that the 30 Family Day Care Schemes cared for an average of 99 children per week compared with an average of 73 children in the 78 Day Care Centres. Most children are in regular full time care and the hours of care are longer (26) in family day care than centre based care (19). More children under 2 years of age are involved in regular family day care (29%) than in day care centres (20%).

The census revealed that there is a high level of usage by children with special needs — some 78% in Day Care Centres and 95% in Family Day Care Schemes. Table 2 shows the attendance of children with special needs in the two schemes. It can be seen that in both family day care and centre based care the most common 'need' categories were children with both parents working, children of low income parents and

Table 1 Broad Descriptors of Services

Type of Care	No. of Schemes/ Centres providing type of care in the sample	Average No. of children attending each scheme/ centre per week	Full-time child equivalent (based on a 40 hour week) per centre/ scheme	Average hours attended per week	Average daily attendance per centre/ scheme	% of Total children under 2 years of age	Minimum no. of hours provided to any child during reference week	Maximum no. of hours provided to any child during reference week
Family Day Care Schemes								
Regular	30	69	55	31	54	29	1	168
Occasional	22	7	2	10	3	35	2	45
Emergency	13	3	4	43	2	28	4	168
Before & After School Care	27	26	8	11	23	0		48
Total	30	99	65	26	77	22	1	168
Day Care Centres								
Regular	68	55	36	26	39	20	1	53
Occasional	42	30	4	5	8	25	1	49
Emergency	17	4	1	10	1	30	1	46
Before & After School Care	18	13	3	8	10	0	1	30
After School Care	10	41	3	4	17	0	2	15
Total	78	73	34	19	43	20	1	53

Table 2: Incidence of Special Need Characteristics

Special Need Characteristic	Family Day Care	Day Care Centre
% of children who:		
were isolated	(0.3%)	(0.3%)
had a parent who was sick or incapacitated	4%	3%
had 2 parents both unemployed	1%	1%
had a lone male parent	4%	1%
had a lone female parent	22%	20%
came from a family whose main language was not English	4%	6%
was handicapped	2%	2%
was Aboriginal	1%	1%
received a fee rebate (for low income)	25%	37%
had both parents in paid employment	65%	46%

children of lone parents. (A note of caution is required in that the percentages in Table 2 are not cumulative because children with multiple need characteristics are counted for each characteristic). It was also found that of the children receiving fee rebates for low income parents only 8% were children of parents both working.

Appendix: Child Care Research Grants: 1973

The *Advisory Committee on Child Care Research* was established on April 5, 1973 under the Chairmanship of Professor W.B. MacDonald of the University of Western Australia. The Committee recommended a number of grants for research into child care which were announced in two series. Series 1 was announced on May 27, 1973, and Series 2 on December 2, 1973.

The following is a list of reports of the completed research projects. Only limited copies of these reports have been

printed as distribution on a large scale was not envisaged. However, the National Library of Australia holds copies of all the reports as part of its Australian collection.

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Research and Advocacy for Children

Ann Gorman*

I would like to tell you something of the recent history of children's services in NSW and of the directions I think we should take in the future. I was the Director of the Family and Children's Services Agency (FACSA) until about six months ago and I held that position for three and a half years. FACSA was an agency established by the Labor Government in 1977 as a review and reform body for Family and Children's Services. In some respects it was very similar to the Child Development and Family Services Council here in Victoria except that it had no legislative base and, although reporting directly to the Minister for Youth and Community Services, it was, for purposes of the *Public Service Act*, administered by the NSW Department of Youth and Community Services. As you can probably imagine a reform unit controlled administratively by the body it is supposed to be reforming has certain inherent problems!

In 1977, when the agency was established, there was a small statistics section in the Department whose main function was to collect court statistics on children coming into care. Apart from the work done by Dr John Kraus on children in institutions, there was no body of research on other aspects of the Department's work, nor was research given a high priority.

There was really no sophisticated notion of how to go about developing policies for children. It was also a very fragmented system. The Department was divided into divisions such as the Field Division and the Division of Residential Care. Children tended to be passed around from one division to another, from one officer to another, nobody having the responsibility to see them right through the system. The Department was not alone in this. This is a problem for children's administrations all over the world. It is the reason why it has been found necessary to establish overseeing or advocacy bodies, sometimes even special children's ombudsmen, to ensure that amongst all the 'caring', children's basic and special rights are properly protected.

One of the first tasks of the agency was to develop information about what was happening to children in the system and to make suggestions for change. Since there was no notion of how to organise resource distribution along planned lines, one of the first things the agency did was to set up a data base about where populations and services were located so that a planning framework could be developed for placement of new services.[1] We discovered, not surprisingly, that the middle class and the rich had the lion's share of community resources such as pre-schools, and the poor were getting very much less. Now that is pretty well still the situation, but at least we know about it, and steps have been taken to reverse the trend.

The Children's Services Study published in 1979 actually mapped out where children's services were in NSW. The study showed the varying deficiencies in the system, such as the way in which young families moving to the outer areas did not have services while established suburbs sometimes had more than they needed.[2] We also set up a number of pilot programs to look at ways in which new kinds of services could be developed, services which might be more responsive to people's needs. In addition we set up an evaluation unit or separate company (Social Research Evaluation Ltd) to examine various aspects of those new services and how they operate in relation to those needs.

We found some amazing things as a result. We discovered that, in the main, the children getting the services were the children who needed them least. We discovered, for instance, that occasional care was really regular not occasional care, and was often used like a sessional pre-school by middle class mothers, whose needs may have been very great indeed, but that the poorer women were not using the service nearly as much. We also found that the adults looking after children were also occasional since the service depended largely on volunteers who changed constantly.[3] I do not suppose these things are very surprising to those of you who are in the service area and know about such things, but in fact this was the first time they had been documented in NSW. We also published the results of a study called *One step forward, two steps back*,[3] documenting the deficiencies in the submission and community management model of resource distribution, the effect of under-financing of community services by governments, the way in which this disadvantages the poor especially, and the difficulties which people have, struggling to get services off the ground not even knowing if they are to get money for these services in the end. This report obviously struck a cord since it has been in high demand. Serious moves are now afoot to change the submission system of funding.

In 1979 the agency became involved in the International Year of the Child. This involvement focused us directly on

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the whole issue of children's advocacy. As you probably recall, the United Nations' two objectives during that year revolved around advocacy and action. We took those two aims fairly seriously in NSW. We invited Marian Wright Edelman from the United States Children's Defence Fund at the end of 1978 to join us for Children's Week as a lead up to the International year.[5] She raised a whole range of issues relating to children's advocacy which we picked up and developed throughout the following year.[6] Largely as a result of that, in the beginning of 1980 I received a grant from the German Marshall Fund, an American Foundation, to travel to the United States to study children's advocacy in that country.

One of the discoveries that we made during that period is that there is a big gap between getting information and putting it into action and that there are many people along the way who, for various reasons, do not want to see action occur. Terry Carney has talked about his experiences which are a manifestation of what happens to many of the issues and much of the good sound work that goes on. It is very clear that information and research, though very important, are not enough by themselves. We have to really discover what is standing in the way of change, and develop strategies to deal with it. This means we need to have a knowledge of all the processes, political, bureaucratic, administrative, legal and community. All of these processes are related; they can stand in the path of change, or they can be used constructively to bring about change.

Take the community process for example. At one stage in the United States a coalition of children's groups was formed only to find that there was so much difference between members that progress was impossible. Another US example illustrates this point. The pre-school lobby almost came to blows with the long day care lobby at a meeting set up by the US Children's Defence Fund. The poor black mothers who wanted long day care for poor children were particularly at odds with the middle class who were interested in pre-school. Some of these issues are documented in a book titled *The Children's Cause* by Gilbert Steiner published by the Brookings Institution.[7] But even in Australia there are vast differences between people's value systems and no ready agreement as to where we should be going with many children's issues.

Bureaucrats too are just like everyone else. They may be busily building an empire or going down a particular path, when suddenly something they had not planned for or they do not fully understand pops up somewhere else and they become resistant and sometimes even downright obstructive. The more open ones of course, seize the opportunity and use it constructively but, in doing so, sometimes have a difficult time against the conservative forces operating within and without the bureaucracy.

One of the reasons the review of legislation took so long in NSW (nearly 5 years) is because there were strongly held views both for and against substantial change. These forces were both outside and inside the public service. Some extraordinarily political activity took place during that review until finally the process was opened out to the public with the publication of a green paper. A productive, stimulating, exhausting and confusing time ensued. The Bill tends to reflect to some extent that process, being a much better model of what good child welfare legislation should be than we would have had had the process not been an open one. But for this reason the Bill has value contradictions and inconsistencies and it will need ongoing review and amendment. This is a healthy process because it keeps the issues of children's rights and needs before politicians and policy makers.

If you have ever been part of a similar process you will know how exhausting it can be because, not only do you have to know the content and study that carefully, you have to do a great deal of other process work besides. If we do not understand how all this fits together and how decisions are made and bring our knowledge of them into play for the children's cause, we are not really taking the whole thing seriously.

One of the things that Dr Carney mentioned was the problem of coordination, of working together in a multidisciplinary way for children and, in many instances, in competition with adult resource allocation. A good example of that incidentally is to be found in the mental health area where most of the emphasis has been on adult facilities and personnel, with the result that children do not receive an appropriate share of the cake. Another example is to be found in the environmental area where adults seem to have centre stage. In order to get a Minister or a public servant to focus on environmental issues for children you have to bring some extraordinary pressure to bear; because children are not powerful, nor are those who raise their voices on behalf of children.

One of the important conclusions I have come to is that it is not good enough just to have people in the burreaucracy who care about children's rights issues, you also must have a very strong outside advocacy lobby and a lot of community involvement. Indeed the sort of models I saw while I was in the United States included both advocacy groups for children, within the public service system as well as external public

advocacy groups. If any of you are interested in reading about what I saw there, I can make available copies of the report I wrote on my return from that trip.[8]

In that report I raise the issue of the relationship between reformist bodies in government who are given reformist mandates, and their political masters and the community. The three work together in a remarkably sensitive balance and sometimes imbalance. Actually most governments are not enthusiastic about setting up reformist bodies. We do have a number of new ones in New South Wales, such as the Anti-Discrimination Board, the Office of Equal Opportunity and the Women's Co-ordination Unit in the Premier's Department. Some of them have a hard row to hoe particularly when politicians are not really convinced there is community support and there is counter advice and resistance coming strongly from conservative and entrenched personnel and other sources. Such bodies with proper legislative mandates, which will advise governments on behalf of children, are needed and we need people outside helping them by creating a climate in which children's rights are publicised and become well known. We applaud the establishment of bodies such as FACSA and the Child Development and Family Services Council of Victoria. Even though both bodies are hamstrung in various ways, these difficulties can be overcome if the right kinds of pressures are brought to bear.

One of the questions often raised in this debate is why the existing host of non-government agencies do not act as advocates on behalf of children. There are two explanations. The first is that often these organisations are focussed on their own organisational and service provision needs. These are not always synonymous with the needs of their clients. Moreover, sometimes these agencies are very conservative and in need of reform themselves. The second is that most are dependent on government for their funding and are, therefore, loathe to put pressure on government or publically criticise them in any way.

So we do need an independent public advocacy group to speak and work for children; a body identified as such with no other major interest. People within both government and non-government systems need that pressure as well as support and the public needs to know what is happening to the children in our society. That kind of outcome could and should have been possible at the end of the International Year of the Child. It is I think an indictment on us all that it did not happen then. I believe we need to work to see that it happens now.

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Ethnic Group Children

Alison Goding*

Children of immigrant or refugee origin comprise a significant proportion of the children of Victoria. The Ethnic Education Census of 1980 defined 'ethnic students' as children born overseas in a non-English-speaking country or of having one or both parents born overseas in a non-English-speaking country. On this definition 140,337 students in Government schools were found to belong to ethnic minorities. The figures would probably be higher for Catholic schools, lower for other Independent schools.

With over 90 languages spoken by residents, Australia has one of the most diverse populations of the world. Because of this there are considerable differences in the degree of adjustment required from children and parents who settle in Australia. Generally speaking adaptation would be easier for the children of a Dutch skilled worker from a city in the Netherlands than for those of a Vietnamese fisherman or Turkish farmer. However, within ethnic groups also, there is great diversity according to degrees of modernisation, class, previous economic status, regional origin, urbanisation, religious and political beliefs and individual family histories. A further source of diversity lies in the time at which people arrive in Australia and the reasons for which they come. For example, there are political and class differences between those Chileans who chose to migrate because of opposition to the Allende regime and those who came later when it was overthrown. Cultural shock will be less extreme for an immigrant from a recently relatively modernised country than for one who came thirty years ago from a society where the life style then could be classed as traditional.

It is also important to recognise that individual families react very differently to the immigration experience even when their background appears to be similar. In some cases family patterns and values change considerably in response to interaction with the new society. Other parents adhere even more closely to traditional beliefs and practices than they would be likely to in the security of their own country. Frequently considerable adaptation occurs outside the home in areas such as employment while strong efforts are made to keep traditional practices intact within the family.

The great diversity of the ethnic population presents a challenge to research workers, and must be taken into account both in planning studies and in drawing conclusions from them.

While ethnic group children share basic needs with other children they also have special experiences arising out of a) life in their country of origin and b) the family's situation in Australia.

Important variables arising out of earlier life include family values, roles, and relationships, reliance on extended family support systems and other social networks, degrees of traumatic experiences which may have led to migration.

Many interacting factors influence the adaptation of the individual and his family to Australian society. They include a whole range of practical problems and emotional experiences, pervaded by communication problems. Practical problems arise in areas such as employment, finance, education, accommodation, health care, access to welfare and information services. They are a source of stress for all families, at least in the earlier years of settlement.

Emotional experiences include for some a sense of adventure and discovery, for others of safety and security. For most they also include loss, mourning for friends, relatives, familiar places and customs, and for many a diminution of status and identity. Both children and parents commonly experience insecurity and anxiety and some degree of cultural shock and deprivation.

The interaction of practical and emotional problems bring about radical changes in family life. At an early age children become interpreters and business agents experiencing a role reversal which may lead to anxiety, arrogance or both. Financial pressures which force most women to work outside the home also lead to role shifts and changed relationships in the family. The preoccupation of parents with practical and emotional problems, and their lack of knowledge of the community makes it difficult for them to give their children support and guidance.

The stress of re-settlement may continue for many years, with different degrees of adaptation by different family members. The degree and duration of stress depends on factors within the family, on the readiness of the host society to provide accessible and appropriate services, and the ability of the ethnic group to assist the recent arrivals.

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Research concerned with the adaptation of the ethnic children and family must take into account the complexity of the migration experience, and seek to distinguish between socio-cultural phenomena derived from the country of origin, and family patterns and attitudes which have resulted from entry into a new society.

Perspectives for Research

My impression is that most studies of the ethnic child conducted in Australia so far have been related to the child in the school rather than in the family or in both. There appears to have been little study of the effects of immigration on the family system and of the implications of changes in the family for the child's academic success, socialisation and mental health.

Where parent questionnaires have been used they have mainly explored parents' attitudes to education, school discipline and organisation. With a few exceptions little has been done to analyse the implications of the findings to introduce and evaluate changes in the school and in parent-teacher interaction.

The Institute is to be commended for including ethnic families as family types in their studies provided it is recognised that there are not one but many ethnic family types. The degree of similarity or difference between ethnic and other family types will have relevance for service planning.

The Institute is also to be commended on planning such studies, which appear to be particularly necessary in relation to ethnic group children and families. Jerzy Krupinski has pointed to the higher than average incidence of mental depression in migrant women after many years in Australia and again to the correlation between adolescent school failure, leading to early drop out, and unemployment or unsatisfactory work and mental ill health of migrants in their twenties. The full effects of negative experiences and unmet needs in the early years often emerge some years later.

Conversely children who display fairly severe symptoms of emotional and behavioural disturbance in the early years of settlement may 'settle down' once their parents have overcome initial difficulties. Studies covering a brief period of time may lead either to over-optimistic or over-pessimistic assessments, over-estimating or under-estimating a family's ability to adapt.

It is highly desirable that some family studies should be conducted over a period of 10 years instead of the two year span of previous and current projects, even if resources only permit relatively few families to be followed up in this way. Such studies would provide valuable data about the implications of migration for the family in various stages of the life cycle, of the relevance of extended family and other support systems at times of need, of the interaction between the family and educational institutions and of the effects of employment conditions and unemployment.

Sub-studies which would be valuable include:

- *Role changes within the family* and the effect on the family system.
- *Communication within the family:* languages used, effects of TV on quality and quantity of family conversation, relationships between styles of intra-family communication, academic achievement and social interaction outside the family.
- *Adolescence in various ethnic groups*, e.g. girls from Lebanon and Turkey who tend to leave school early and make early marriages : alternative forms of schooling might be considered here.

Useful studies could be made with emphasis on the evaluation of existing services to meet the needs of ethnic families and on the planning and evaluation of pilot projects. For example, useful areas for study include:

- Parent-teacher relationships and their effect on children. Studies conducted in the UK prior to the publication of the Plowden Report showed small but significant improvements when comprehensive attempts were made to develop mutual understanding and trust. Pilot projects are needed to develop comprehensive parent-teacher programs over several years, using a range of evaluative methods.
- Ethnic families with physically and mentally handicapped children. This could include research into emotional and practical problems of the family and the availability and suitability of support services.
- The family with the emotionally disturbed child. A survey could be made of the use of existing family therapy and child psychiatric services by ethnic families with special reference to techniques used to overcome linguistic and cultural barriers between therapists, parents and children, together with the use of 'ethnic personnel'.

Research into Child Maltreatment

Helen Webberley*

The purpose of this paper is to give some insight into aspects of research on child maltreatment as reported in the literature. The limits set to this literature review were:

- Only published papers were examined, thus eliminating many university theses and government reports;
- only English language journals were examined; and
- publications earlier than 1973 were not reviewed.

The types of material published tended to fall into four main categories.

1 *Descriptions of the parents, the children and the incidents* formed the bulk of the literature. See, for example, the work of Oates and others. They reported the variables that significantly distinguished maltreated children from matched controls: unplanned pregnancy, young father, birth followed by post-natal depression, etc.

2 *Outcomes for the victims.* Elmer and Gredd examined 50 children five years after they had been admitted for physical abuse. They reported that 50 per cent of the children functioned at mentally retarded levels; 40 per cent of them were emotionally disturbed; 50 per cent were below the 3rd percentile in weight; and only two children could be considered normal in all aspects.

3 *Detection in pregnancy, birth and infancy.* Altemeier and others assessed a series of low socio-economic status births for maltreatment-risk-factors, then checked the record when those infants were thirteen months old. By then, 11 per cent of the births designated as high-risk for maltreatment had been reported to the authorities for maltreatment, whereas only 2 per cent of those who had been designated as low-risk had been reported.

4 *Description of treatment services*, directed almost exclusively at parents and predominantly mothers. Few of these programmes have been evaluated.

Both Belsky[1] and Faller and Bowden[2] discuss the hypotheses professional workers have about the types of family malfunction that lead to child maltreatment. Such hypotheses will clearly structure the types of treatment modalities employed by practitioners. The main *etiological groupings* appear to be:

a) psychological disturbances in the parents, where psychotherapy will be the treatment of choice;
b) abuse-eliciting characteristics of the child, so anger control and behaviour problem management might be more appropriate;
c) stress-inducing social forces, calling for better spread of community resources;
d) dysfunctional patterns of family interaction; and
e) abuse-promoting cultural factors.

For the purposes of this forum, the area of research to be concentrated upon is that of treatment evaluation. Each case study presented will illustrate some aspect of treatment, but will also focus on an important conceptual or methodological point that all maltreatment researchers should carefully consider.

COLLINS[8] *— Home Start programme for preschoolers. 'Ground in a philosophical basis'.*

The aim of evaluation was to see how well child and family development could be fostered through workers dealing with parents in their own home. The program was based on the belief that parents are the first and foremost teachers of their own children and that their capacity for facilitating the children's general development could be strengthened.

The service offered included one and a half hour weekly visits on health, education, nutrition and social services; and monthly meetings for families that provided socialisation skills and general discussions. Gains were found in school readiness, parental involvement in the child, parental verbalness, and family involvement in community organisations. The gains were still reported by the time the children reached Grade two. Maximum change was noticed when the worker's caseload was under twelve families and when home visits were at least weekly.

Without the philosophical basis being explicitly stated, assumptions held by the workers are invisible and untestable. Evaluation tends to occur in a philosophical vacuum and results are not generalisable to other projects.

AMBROSE and others.[5] *— Hospital family development project, Los Angeles. 'Explanation of the processes'.*

For 23 parents, the program addressed both maladaptive attitudes and behavioural skill deficits in four content areas:

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child development, teaching skills, behaviour problem management and anger control. The methods used were closely defined and included didactic questioning, modelling, role playing, videotape presentations, group discussions, problem solving and homework on behavioural principles in action.

The authors reported that short term changes in parents' cognitions and behaviours were indeed found, and that the program was cost-effective. The most useful part of this paper was the detailed explanation of the processes involved, thus helping practitioners who would like to replicate the treatment plan.

COHN[7] *— 'Essential elements' of successful abuse and neglect treatment.*

The program Cohn evaluated consisted of individual counselling, lay services, group therapy and parent education. The analyses were directed at investigating whether receipt of any particular service package was related to the criteria of success. These criteria included improved sense of the child as a person, greater awareness of child development, ability to talk out problems, enhanced self esteem and many other variables. She found that there was a relationship between the type of service model received and the probability of each particular problem being resolved. Patients receiving lay services in their packages did best in all problem areas, but even then, only between 25 to 35 per cent of all patients improved on the various success criteria. Other important elements of service were that a minimum of six months be spent in treatment, that workers' case loads not exceed twenty, and that multidisciplinary team reviews be carried out.

Overall outcome figures are useless unless the individual elements are clearly specified.

FONTANA AND ROBINSON[9] *— New York Foundling Hospital Centre. 'Which patients or clients benefit?'*

The goal of the program was to treat the maltreating mother without separating the mother and child. Where separation was inevitable, the aim was to provide services for the family. The mothers lived-in at the Centre for three or four months, during which time there was a battery of psychological tests. They were assigned a lay therapist as friend and advocate and a groupmother who taught homemaker skills and child rearing. Other services were structured mother-child play sessions, adult education classes, videofeedback and modelling on appropriate mothering. A visiting nurse provided after care.

Separation was avoided in 65 per cent of the 62 families seen. Most successful, however, were the mothers whose needs could be satisfied by forming dependent ties with other individuals i.e. the dependent-depressives rather than the passive-aggressives. Although all the children 'showed growth and developmental gains soon after admission to hospital, a great deal of time and professional energy can be saved if we know to whom the treatment can be most profitably offered.

BURT[6] *— Nashville Comprehensive Emergency Services Project. 'Systems analysis'.*

As no one agency had been designated to be responsible for program coordination, the Nashville region had operated as a loose network of state, local and voluntary agencies. Then the Department of Public Welfare was named as the body with legal responsibility for coordination, and aims were established for the network e.g. reduce the number of children being removed precipitously from their homes and to plan orderly placements for children who must be placed. Services offered included an emergency intake, a 24-hour caretaker service, homemakers and foster homes. Burt reported that the stated objectives were met by the existing services which had been newly coordinated, and that there was a net financial savings between the old system and the new. Clearly, evaluation of networks has added a new and realistic perspective to the evaluation of maltreatment program. It would be unrealistic to evaluate one component (agency) of a maltreatment network in isolation from the other components that impinge on the families involved.

Although evaluations of treatment programmes have rarely been done in Australia, descriptive studies of the Australian situation should prove useful to members of today's audience. Recommended publications include: Price and Krupinski, and Bishop and Moore (both from the Health Commission), the Caulfield City Council report, and the recent works of Professor Boss (Monash University).

Future maltreatment research should concern itself with a number of areas, but three main issues seem to stand out. First, there is a dearth of treatment facilities for children and evaluations of such treatments. We need to ask what are children's needs (as separate from their parents' needs) and how does treatment directed at children affect their outcomes. Secondly, we need to look at whole packages of treatments, rather than individual items. As Cohn has shown, only by examining the entire treatment package can we begin to understand which elements are useful and which are not.

Thirdly, professionals and clients operate in systems, yet almost all research looks at individual components (agencies) in isolation. As Burt asks, how does coordination affect the probability of a family receiving good service? What happens to children who are not referred to maltreatment services? What are the costs involved and where should limited community resources best be spent?

Child Maltreatment Research

General Reading

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Specific Treatment Evaluations

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Children's Conceptualisation of Development*

Ronald Goldman and Juliette Goldman*

Introduction

It is curious that so much developmental research does not involve children's views, opinions or ways of looking at themselves — how they think of themselves, where they are at the moment, what they expect to happen to them, and what help they think they'll need, and how they see themselves as human beings, their personal identity — social, physical, sexual — within the cycle of birth, life, ageing and death. All this is important to educators, social workers, and medical officers, who pride themselves on meeting the needs of growing children — intellectually, of course — and in terms also of emotional, social, physical and artistic needs.

Research aims and design

The aims of our research were to examine children's thinking about the process of physical and biological development, that is, how they develop ideas, interpret information, create explanations and mythologies (which are forms of explanations) and generally conceptualise this process.

The content of the interview schedule covered six major areas. The first was ageing and what was the best time to be alive in the human life sequence. The second concerned parents, their identity and roles as mothers and fathers, and as women and men. The third covered how children perceived sex differences. The fourth area explored was the origin of babies, the role of mothers and fathers in procreation, gestation, birth and related processes, including the area of 'not having babies'. The fifth examined children's ideas about sex education both at home and school, and the sixth area concerned clothes and nakedness. In addition children were asked to define the meaning of words on a sexual vocabulary list. Apart from the vocabulary list toward the end of the interview, no sexual words were proffered by the interviewers, only the terms introduced by the children themselves. Sixty-three major questions were asked, about one third of them contingent upon answers of a certain kind being received first.

Countries included in the study were Australia, UK and North America because they are English speaking, culturally similar and historically related. For comparison purposes a fourth country, Sweden, was chosen because Sweden has one of the most advanced compulsory human relationships courses for young people in its schools. Thus all four countries sampled are western industrialised capitalist democracies.

Face-to-face, individual, clinical, same-sex interviews were conducted with a total of 838 children aged 5, 7, 9, 11, 13 and 15 years. Such an age span was deliberately chosen to include pre-pubertal, pubertal and post-pubertal youth. The sample was obtained from regional clusters of schools stratified for socio-economic status, and within schools there was systematic sampling from class lists. The variables controlled for included sex, age, size of family, 2 parent or parentfigure/nuclear family, ability, occupation of father or father figure, and occupation of mother or mother figure. One aspect we emphasised was that in order for young people to experience the best possible conditions to perceive their own growth, that of other young people, and to experience family relationships with both female and male parental figures, respondents would need to have at least one younger sibling, and two different-sex parental figures. Consequently, our sample included eldest or middle children but not youngest, and children with female and male parents or parental figures but not single parents. Two thirds of the children in the sample had at least one other-sex sibling.

Some Results

We will briefly present the results of four aspects of our research, particularly relevant to the child in the family setting.

1 The ageing process
2 Why people get married
3 Children's sexual thinking
4 Children's views of sex education and information. Some 20 other major aspects can be read in our La Trobe University report 'Children's Conceptualisation of Development' and in the book to be published later this year by Routledge & Kegan Paul titled *Children's sexual thinking*.

The Ageing Process

Within the family, whether working class, middle class or upper class, it appears that relationships among the individuals are based on the perceptions the individuals have of

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one another. Due to biological necessity all families are age stratified to some extent. It was the 1960s experience of overt strains within the family and society being referred to as the generation gap, that saw the younger age group pitted against their parents. Many social commentators alleged young people perceived their parents in a poor light and that relations between parents and offspring were negative.

Our research with ageing aimed at examining how young people perceive older people, the process of ageing, the results of ageing and the causes of ageing. This is based on the premise that if young people are able to comprehend the process, the problems, the advantages and disadvantages of ageing in a more enlightened manner, then possibly the relations between the generations may be improved.

Three questions were put to the children about ageing. One was to see what children at varying ages defined chronologically as old age. It was found that young children are quite unrealistic about old age, most children arriving at the realistic age of 60 or beyond by the age of 9 years, Swedish children appearing to achieve this level earlier by the age of 7 years, the other countries 'catching up' with Sweden by the teenage years. Australian boys in particular appear to be slower in achieving realistic estimates of old age.

What happens to old people?

The second question was 'What happens to old people when they become very old?' Responses were coded in various ways, first in terms of favourable positive descriptions, then unfavourable or negative descriptions of old age. Few positive responses were found, the major group being the five year olds, who probably had the most warm contacts with the old, through their grandparents. Thirteen year olds showed some favourableness, especially in the North America group which retained it at fifteen, but in other countries positive descriptions tended to decline by 15 years. Negativisms were expressed by a majority in all groups painting an unalleviated gloomy picture of increasing weakness, senility, illness, decay and death. By 9 years in some countries more than 90 per cent of children produced this negative picture, illustrating a new word in the English language 'gerontophobia'.

The responses were categorised also as physical, over 94 per cent of all groups responding in this way; psychological, revealing growing perceptions of this characteristic of old age by the age of 15 years; social-economic, the social consequences of old age being perceived earlier than the economic. Finally, sexual characteristics of old age were categorised, the striking aspect of this being only 4 per cent responding in terms of sexuality. The largest cluster of sexual descriptions, again rather negative, were in the teenage years.

Old age is seen essentially as a time of declining sexual powers, but for the majority it is a sexless period of life, a characteristic not mentioned or mentionable, in connection with old age, confirming previous research at college student level.

The causes of ageing

The third question concerned the causes of ageing, and on Piagetian and 'biological realism' scales it was found that most children barely achieved the beginnings of concrete operational thought in this area, providing technically feasible but inaccurate explanations of the causes of ageing. This retardation was particularly evident in girls, but both sexes came very low on the 'Causes of Ageing' scale (Swedish children were not included in this question).

Overall, the children from 9 years on show a quite realistic assessment of when old age occurs but reveal a disturbing negative ignorance about some of the pleasures, rewards and experiences of full maturity; knowledge about and perceptions of the ageing process amount to widespread retardation of thinking. We postulate, that since the process of ageing is mainly internal and largely unseen, it is intrisically difficult for the young to understand and explain it. But we would also suggest that widespread taboos and fears of old age, associated with death, a dearth of information in human biology materials and syllabuses about ageing, and negative attitudes generally to the old, all conspire to prevent children from seeing the end of life's developmental cycle in positive or realistic terms. In addition, there is strong evidence from various analyses of traditional children's literature, such as folk tales and current children's literature, that they present and reinforce negative and limiting stereotypes of old age. While gerontology studies are increasing, in our view gerontology education needs to begin not with those about to retire, but with the very young who should be educated to see their own emergent development as part of the full sequence of life.

Why People Get Married

With the increasing rate of divorce in Australia (and other western industrialised countries e.g. Japan) the increasing rate of remarriages and the tendency toward later first marriages, coupled with a low level of pre-marital counselling, doubt has been thrown on how realistically young people perceive the state of marriage. Our research here aimed to throw light on that perception.

Children were asked the question 'Why do people get married?' The term 'marriage' was undefined in view of possible confusion concerning *de facto* and *de jure* marriage. Considerable cultural and social differences were identified which might cause difficulties in this item for the Swedish children questioned. In all countries the responses were coded into five categories; these being socio-biological, emotional-dependence, sexual, economic and legal-conventional answers. It was found that the social-biological category demonstrated unique results for Sweden, particularly in responses which gave 'babies' as the reason for marriage, since Swedish children appeared not to see marriage as a necessary prerequisite for having children. The majority of responses were found to be in the emotional-dependence category with some slight sex differences in certain groups. Sexual responses were few, hypothesised as due to three factors, and economic responses were also rare. An increased number of legal-conventional answers were seen at 15 years of age due possibly to increasing awareness of social pressures.

Sequences of thinking

Children's responses scored on a six point scale based upon Piagetian and Kohlberg levels of thinking. Taking the highest score for each child it was found that the Australian, English and North American results scaled in a hierarchical order with increasing age, roughly comparable on the operational thinking scale and, with some slight discrepancies, on the Kohlberg scale. Sweden demonstrated atypical results, attributed to the confusion and contradictions caused by the question with older age groups becoming increasingly aware of Sweden's differential standards. Swedish girls, however, scored significantly higher than boys on this question.

Romantic views on marriage

Overall most children appear to retain a romantic view of marriage based upon love, although a sizeable proportion supported friendship-companionship concept. Sexuality as a basis for marriage remains a silent area possibly due to considerable and continuing social taboos, and a reluctance of children to recognise their own parents in active sexual roles.

3. Children's Sexual Thinking

Studies have shown that young people are entering puberty at an earlier age. This is particularly evident for girls in Australia, England, North America and Sweden where the average age of menstruation is now 12.5 years. This earlier age of physical maturing, coupled with the delayed age at first marriage, means an increased gap in years between the onset of full sexual capacity and the expression of it in the socially sanctioned relationship of marriage. This factor, coupled with the availability of reasonably effective contraception, influence of pornographic material, peer pressure, and many other factors, are part of the explanation for the increase in youth sexual activity. This activity has been a source of consternation for families, more especially for lower middle class, over-protective, over-concerned, moralistic mothers and fathers.

Part of our research aimed at measuring the extent of children's sexual knowledge, to discover if there are detectable sequences and stages in their sexual thinking and what processes of thought they used to describe the biological functions of their bodies. We examined five areas. The first concerned parents, their identity and roles as mothers and fathers, and as women and men. The second covered how children perceived sex differences and sex preferences. The third area explored the origin of babies, the role of mothers and fathers in procreation, gestation, birth and related processes. The fourth examined children's ideas about sex education both at home and school, and the fifth area concerned clothes and nakedness. In addition children were asked to define the meaning of words on a sexual vocabulary list. Here, only one of these areas will be considered, namely the origin of babies.

The Origin of Babies

On the 'origin of babies' scale, based upon Piagetian criteria, it was found that operational levels could be discerned with increasing age. Swedish children were seen to be much higher scorers at a perceptively earlier age, and the North American the lowest. Concrete operational thinking, approximately equivalent to knowing and describing the physiological basis of procreation without being able to understand or explain it, was not, apart from Sweden, arrived at until about 11 years. The Swedish initial high level was matched in some teenage groups in other countries, a 'catching-up' phenomena noted previously as occurring. The second part of this section was devoted to outlining the results of the roles of mothers and fathers in procreation, consisting of two sets of responses, for mother and father analysed separately. Three levels of asexual, non-sexual and overtly sexual answers were identified, the asexual largely confined to the youngest age groups, but only non-sexual roles were perceived up to quite a late stage (11 years), with Swedish children well ahead and North American comparatively backward. The results were almost parallel between

children's perceptions of the role of father in procreation and their perception of the role of mother, except that father's role was not perceived as active as the mother in the non-sexual stage of answers. Mothers, as the children saw them, tended at a later age to be less active in the sex act, being rather passive recipients compared with father actively providing vigorous sperm.

Three considerations emerge from these findings. The first is, as the Swedish results indicate, children at a very early age are capable of understanding the physical facts of the origin of babies, without intellectual confusion, provided programs in a sensible sequence are given and the subject shorn of its guilt and taboo associations. What is striking is that the majority of children in the non-Swedish countries appear to achieve realistic levels of thought somewhat late, both in terms of their cognitive ability and their social and sexual needs. This is particularly significant in view of their earlier physical maturing in the four countries under scrutiny.

The second consideration is that younger children, deprived of explanations and honest answers, will resort to providing their own answers, constructing explanations in the form of invention or myth. The old myths of the stork and the mulberry bush have been replaced by new myths, mainly medical. The children's answers reflect the mystique of hospitals, doctors, nurses, operations, and the secrecy which surrounds them, all of which loom large in the child's thinking about procreation.

The third consideration is children's capacity to be misled and confused by analogies. As a teaching device in some areas, analogies have a useful function to perform, but practically all the biological analogies in explaining the process of birth and procreation are taken too literally. Eggs are seen as brittle encased objects produced by hens, geese and ducks. Seed is seen as the beginnings of plants growing in soil attached to the wall of the mother's stomach, watered occasionally by the father's semen. It would appear to us that sex educators, if they promote analogies to explain sexual matters, should select carefully those which can be used and extended towards a realistic understanding, rather than those which lead children into a cognitive cul de sac.

Children's Views on Sex Education and How They Should Receive It

Children's views were sought on whether sex education should occur, where and at what age it should take place. What were their sources of sex information was also investigated. Finally, what children wanted to know about sex was compared with what they recollected receiving.

The great majority of children in all countries felt they should be taught about sex, a slightly smaller proportion but still the overwhelming majority of children asserting that sex education should take place at school. Opposition was voiced mainly by the very young. Most of the children wanted sex education to be given in the primary school years (5-11). Some age groups of Swedish children asserted it should begin in pre-school and some English and North American teenagers felt it should be deferred until secondary schooling (12-16). When this was compared with the age at which they had received sex education in school, a considerable gap was evident, with less than 50% on average having received any instruction at school on sexual matters before the age of 12. In contrast the figures for Sweden were 85 per cent. Even a sizeable proportion of teenagers claimed to have had no sex education in school ranging from 38 per cent in Australia to 27 per cent in North America. Sweden by comparison had 2 per cent. These claims may be due to selective memory, absenteeism, lack of parental permission to attend classess, no systematic provision of sex education or sex education as a school option. An Australian boy (15 years), illustrates the last point: 'I never took human relations. I did ball games instead'.

Mothers, teachers and the media were named by 80 per cent as the major sources of 'most sex information' children had received in that order of frequency. The home is still the dominant source of sex information, mother in particular with schools gradually supplementing this source, and the media a strong third.

What children thought the most important areas of sex they should know about was compared with what they recollected having received. What they 'ought to know' covered a wide range but did not include knowledge of venereal disease or parenting skills and only minimally courtship behaviour. High on the list for girls was menstruation, and for boys, how to perform coitus. There was a contrast between what they wanted and what the provision appeared to be. Apart from Sweden, most age groups experienced a 'shortfall' of information the children wanted in most areas, the greatest deficiency being with birth control information.

Conclusion

It may be argued that differences in such an area as sexual thinking obviously reflect both educational provision (and its

non-provision) in terms of the curriculum and also wider cultural traditions, reflected in the family and in other strong societal influences upon the young, relating to sexual matters.

The most important outcome of our work from the standpoint of the family is the central position of the home in educating children about their own development. Despite the fact that mothers are the chief sources of sex information, fathers play a minimal role. Plainly parents of both sexes need help to become better sex educators of their own children. Since also the visual media is another major source, perhaps programs can be designed which parents and children can watch together, providing information and discussion for the family.

Further research into children's knowledge and experience of sexuality in the family is needed. From the normal growth sequences (our evidence indicates that the Freudian concept of 'the latency period' in children's sexual development is a myth) to the socio-pathological aspects of such matters as sexual assault and incest. There is evidence that a larger proportion of the young are exposed to more sexual dangers within the family than out in the streets.

Children, Families and Physical Disability: A Research Review

Evelyn H. Ogren*

This paper outlines some of the research priorities that the Yooralla Society of Victoria sees in terms of families of the handicapped.

When the Society started the review of research, we looked for three things: 1) the impact of the family on disabled children; 2) the impact on the family from a disabled child; 3) the impact on children in families with a disabled member, particularly a parent.

For those of you not familiar with our field, the *numbers* that we're talking about in terms of the total population might be comparatively small. In Australia last year, nearly 10 000 children under the age of 16 years received the Handicapped Children's Allowance. These are children who were assessed by the Commonwealth as being fairly severely disabled and in need of fairly constant care. This means a minimal base on the order of 10 000 families who might be affected by the presence of physical disability. A further estimate gives 40 000 Australian children limited in play, school or other age-related activities — so we're really beginning to think then on the order of 40 000 families. In addition, there are unknown numbers of families where there is a disabled parent. While probably small, our hunch is that the numbers are increasing (one reason, for example, being improved post-accident medical treatment which may maintain a person's life but leave residual problems of physical dysfunctioning).

With reference to *cause of disability* in both children and adults, we include impairments or disabilities from birth, and those that might be acquired at any time during life due to accident or illness.

Persons who have some disease or disorder might be 'cured', or might have a 'chronic condition'. Those persons with a chronic condition might be 'normal' in terms of their physical and social functioning, or they might be 'disabled'. And if a person is disabled, again, he might be 'normal' in terms of social roles and attitudes of society towards him, or he might be 'handicapped'. The chart below shows the population group we are concerned with (the third box from the left on the bottom).

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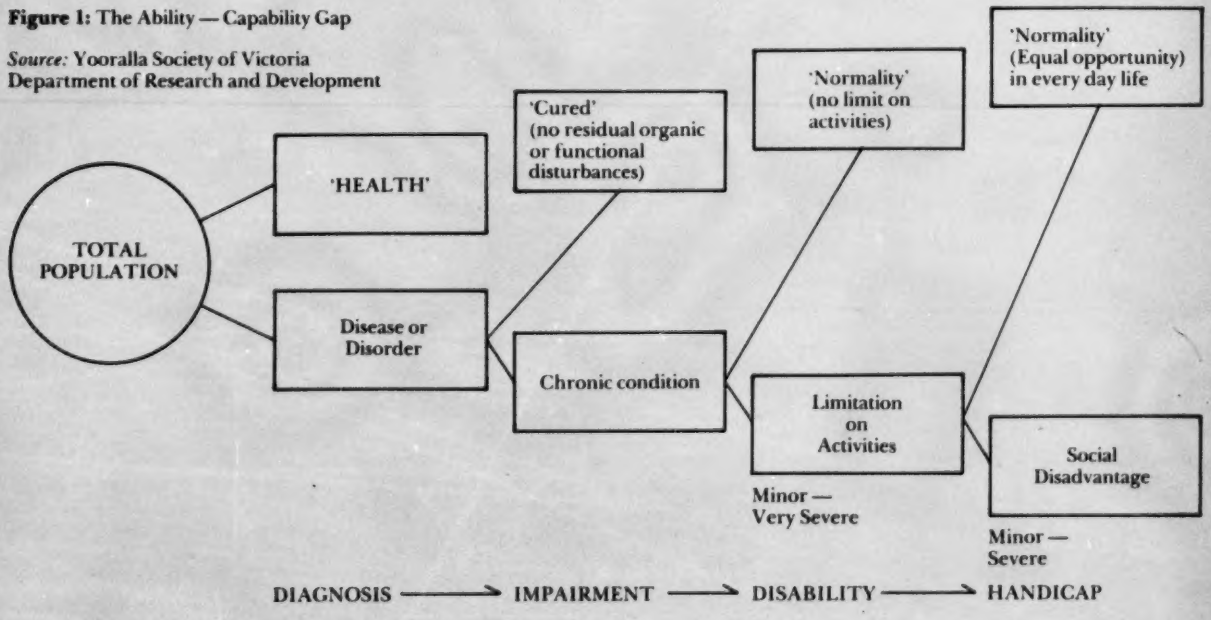
Figure 1: The Ability — Capability Gap

Source: Yooralla Society of Victoria
Department of Research and Development



Four little quotes also will help to set our frame of reference:

'He's 10 years old — going on 25.'
This was the description of the older son of two deaf parents in an article that appeared in *The Age* a couple of weeks ago.

From a sibling:
'My brother is 'funny' — I know it's not catching but if someone in our family has to be that way, I'd rather it not be me.'

From a mother:
'I've had no relief for months from 24-hour care of my 4-year-old daughter, a beautiful child with cerebral palsy. As a result, my migraines are worse, I'm losing patience with my daughter more often. My main fear is that I will have to take a forced rest — and where would my daughter go then?'

And, finally, the professionals speak:
'Prevailing treatment approaches pose a threat to one of the fundamental tenets of the American Orthopsychiatric Society, namely, that the organic unity of the family is of signal importance.'

These were some of the definitions and concerns we had during our review of the literature which was a rather selective review. Generally, purely descriptive discussions have not been included, nor the broad body of research connected with mental retardation. A more extensive bibliography will be available from us at the Society (or through the Institute of Family Studies) within a few weeks. All I will present to you at this time is a summary of some of the research studies.

We found very little research applicable to our three main areas of concern, particularly relating to the family with a disabled family member (parent) and the impact on development of non-disabled children. In terms of disabled children, most of the research has focused on the child.

Much research has been done on children with mental retardation, obviously because these are the largest numbers of disabled children; quite a bit has focused on children with epilepsy; some, on children with spina bifida; some, on children with cerebral palsy. Some of the better or more recent family-oriented research has been done in Great Britain and has just come out in book form.[1]

There is another body of research around early childhood intervention (from birth to 3 years old) but, as the child gets older, we find less and less research reported.[2]

Somebody mentioned earlier the idea of family attitudes. I don't believe that we found any research studies particularly concerned with this, at least in connection with children with physical disabilities. The attitude of the family or of the sibling toward the disabled child is more or less implicit in other research questions or variables, and I think this is an area that greatly needs more investigation.

We also made certain assumptions about the family, that is, we assumed the family is a system, and is comprised of three sub-systems: the spousal system (if that's a good term in Australia), the parent/child sub-system, and the sibling sub-system. The literature on disabled children in the past and up until the sixties tended to look at children in isolation. An extensive review article in 1962 (in the *Merrill-Palmer Quarterly*) did address physically handicapped children and their families.[3] Since then, there has been more research but this is still not sufficient to cover all of the parameters to be considered and controlled. Now, to break out some of the findings.

Impact on the family from the physically disabled child.

Impact on the family comes in terms of disruption and adjustment. Obviously the largest initial problem in dealing with and adjusting to life with a disabled child is coping with needs of that child while trying to maintain norms of family life. This is true regardless of the age of the child when disability occurs, whether in infancy or later. Particularly at the time of initial disability, the child might not be able to do very much for himself and somebody has to maintain that care — sometimes 24-hour care. In case of severe disability, continuing care may be required for an indefinite time. The mother is usually the person responsible for such care. This is given at a high cost of physical exertion and time — which means energy and time taken away from care of other family members.[1]

Other adjustments must be made which also lead to stress and strain. Many disabled children don't sleep well. This means disrupting the sleep of the rest of the family. Loss of sleep aggregates into lack of energy, susceptibility to stress and strain and — here I'll use the concept of 'coping' — less ability to cope. Both individual family members and the family as a system can be affected.[2]

Maybe not immediately but usually at some point during the course of disability, environmental adjustments may be needed. Special width doorways, ramps, hand rails, special bathing facilities, etc. may be required both to help the disabled child develop and to ease the work of the care giver. These changes may be costly, inconvenience others, or even be thought unsightly.[4]

In some cases — and we cannot give you any statistics because there is no information on the scope of the problem — obviously the stress and strain has a disastrous effect on the marriage relationship and family stability.[5] Some families report that a disabled child brings them closer together, but I do not know of any longitudinal research to validate that impression.

Emotional stress from not knowing can occur in two different ways: If a child is obviously disabled or if a diagnosis only of disability has been made, the parent(s) may not receive sufficient information or may not understand what they have been told. Secondly, if the condition is degenerative, there is the unknown of when the child might fail, might die. There has been a little research which has indicated that any time a child is disabled — at birth or through a later acquired condition — crisis theory should be utilised and full information and support given to the family as quickly as possible.[5]

Impact of the physically disabled child on the family.

Some of these findings will not be of any surprise because they relate to any family in stress, whether due to unemployment, cultural shock, or whatever reasons.

Little is known about the impact on the father. Similar to child maltreatment, the father is the most unresearched subject. Anecdotal reports from fathers show they are often left out of the care of the child, others tend to opt out — in either case, the result again is family breakdown. What is clear from other child research is that if fathers are active participants in the care of their physically disabled children, they are more likely to have a strong relationship with the child as well as with their wives, as a result of mutual understanding of everyday problems.

Research on the husband/wife system and marital strain has found a broad range of results. There is undoubtedly added strain on the relationship through the effort required of the wife and mother involved in the child's care, limitations that are put on social and personal lives, changed expectations or ambitions for the child, and feelings of guilt, blame and persecution. Obviously the way these problems are handled could have detrimental effects on any marital relationship, and might be the instrument that worsens one that is already unstable. Some reports did indicate that the disabled child acted somewhat as a bonding agent but I don't know of any longitudinal research to show how long this would last.[4]

Again, comparatively little research has been done on siblings of a disabled child, matching the gap in knowledge about any sibling sub-systems. However, we suggest that siblings of disabled children form a high 'at risk' group. Children begin to rival for parental attention. The mother obviously is torn between personal care of the disabled child versus the other children's needs.[6] Results found from the research are mixed. Older studies report higher rates of disturbance amongst siblings of disabled children; more recent research tends to emphasize that the behavioural disorders are more likely to correspond to norms within the general population.[5]

What is evident is that the degree of impact on the normal child is influenced by a number of variables. Those most likely to indicate a sibling is at risk seem to be: an only sibling; a child who is close in age to and/or younger than the disabled child; a younger sibling of the same sex as the disabled child, or the oldest female child; or a child whose parents are unable to accept the disabled child.[6] (And I should annotate here that we also have not included research around ethnic and cultural groups. One of the reasons is that this is very minimal in terms of disabled children. We would expect, however, to find significant group differences in effect on the family and siblings.)

It would appear that extended family and friends have a high rate of non-acceptance of a disabled child, that they are no more supportive — financially or with visits and physical help — than with normal families. Maternal grandparents are more likely to be accepting and supportive than paternal grandparents. This might have something to do with expectations of the child.[7]

The pressures that the disabled child put on the family raises what we call 'a question of needs', needs of the family. Obviously the worst or primary need can be for financial resources to cover concrete costs. We do not know how much it costs to rear a disabled child, but the indications are that it is considerably more than for a non-disabled child and can be astronomical.[5]

Another need of the family is for knowledge and information. This is an ongoing need, not one only at the time of the initial impairment or disability. There is also a need for counselling — specialist counselling or family therapy — which considers the dynamics of disability overlaid on family dynamics.[1]

Finally, probably a special need for this kind of family is some sort of alternative care — short-term care or placement for the child outside of the family. These are sometimes called 'family relief programs', but it might be argued who is at relief; the child who is getting away from the tension of the family, or the family.[2]

Impact of the family on the disabled child.

Families seem to break into several different groups: those who disassociate the child from the wide society, those who try to hide (reject) the child, and those families who will attempt, despite society pressure, to give the child as normal a life as possible within the restraints of the child's disabilities. In all cases, the parents' attitude reflects on the child's attitude to him/herself.[8] For example, the child who is overprotected can leave school (at age 16 or 17) without the ability for self-care or acceptance of the adult role expected once a child passes through school portals. In contrast, given opportunity, a disabled child can be just as socially 'normal' as any other child.

Impact on a Child with a Physically Disabled Parent(s).

Here we assume the child is not disabled. Very little research has been reported, primarily relating to traumatic disabilities of parents (from spinal cord injury or head injury). It is obvious from talking to some of these parents that they feel pretty strongly about the effects of their condition on their children, but we can't give you any clear research findings. As one parent said, 'I had two children leave home — both were in their (late) teens.' My response: 'Well, don't a lot of kids do that? What do you think was so different about yours?' We really don't know what the impact is.

Also concerning the child with a physically disabled parent, I believe that a lot of the research has been around 'pathological family situations'. We did not find comparative research to show if the dynamics in a family with a disabled parent(s) and development of children are similar to or different from situations with non-disabled parents.

Research questions.

It is a major problem to come up with research questions because we have so many parameters to consider. In terms of the disabled child, the key characteristic seems to be the age at which the child is disabled. (By that I mean the age at which he/she becomes physically dysfunctional to some degree with subsequent change — improvement or deterioration. The child might be diagnosed as having a condition at birth or later, but not become disabled until even later in life.)

Other critical variables are: The disabled child's place in the family structure, birth order, the type of disability, what kind of care is required, and the social status of the disability. This latter is very important because many invisible disabilities can be coped with much more effectively than visible disabilities. (An exception might be deafness with resulting problems from inability to communicate.) More services are also available for some types of disability.

In terms of the family, we have parameters of the stage of family development, its coping ability, and dynamics within each family sub-system. These are only a few of the more obviously important parameters because we do not have yet any kind of a matrix or model to say what is known, and what research is needed. The large number of variables suggests that it will take a very large sample to come up with firm findings.

For research questions, I see two key areas of investigation: One is around the dynamics of coping: why are some families able to cope and others, not? The second broad area is around intervention. What intervention can/should be done in the home? I can almost put this in terms of primary intervention where we want to keep a condition from becoming a disability, and a disability from becoming a handicap. How can we intervene early to do this? To some families with a disabled child, crisis is their way of life.

A third area that I think should be looked at is, what are the social costs of disability? We do not know but they are probably very, very large. Unfortunately, we're talking about comparatively small numbers of the population, with the result of very high per unit costs.

Finally, I'd like to suggest that the dynamics within many of these families are very similar to those found in connection with child maltreatment. We do not know to what extent the disabled child might be considered the scapegoat of a family and therefore does not receive equal rights. Consideration of disabled children should therefore not be left out of any concerns for child rights.

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